

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/761,993
	Filing Date	January 17, 2001
	First Named Inventor	William P. Young
	Art Unit	
	Examiner Name	
	Attorney Docket Number	620044.401

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **00500**

**OR**

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

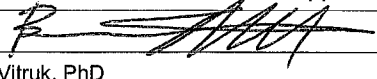
☐ As assignee of record of the entire interest, I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

☐ Assignee of an undivided right, title and interest in the entirety. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

☐ As assignee of an undivided interest in the entirety, I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	January 10 <sup>th</sup> 2013
Name	Peter Vitruk, PhD		
Title and Company (Assignee)	CEO Luxarcare, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

2363151\_1.DOC